

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 18, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-NM rendered on 10/1/03.

II. RATIONALE

Review of the requestor's request for reconsideration letter dated November 5, 2003 partially states; "We originally billed **\$350** per pages 255-259 (attached) of the New Texas Medical Fee Guidelines for a **Designated Doctor Impairment Rating Evaluation (base \$350) where the claimant is Not at MMI. You submitted the attached EOB. We do not agree that our bill should have been denied, as we billed per MFG. Please re-consider and submit payment of \$350.00...**99456 is valid code for 'work related or medical disability examination by other than the treating physician that includes...' Payment is based on the new medical fee guidelines on page 257 (attached)."

The respondent did not submit a position statement.

The requestor billed the carrier for date of service 10/1/03, CPT code 99456-NM in the amount of \$350.00. The carrier paid the requestor the amount of \$143.78 and denied the remaining balance of \$206.22, as "This bill is a reconsideration of a previously reviewed bill."

According to TWCC Rule 134.202 (e)(6)(C)(iii) an examining doctor, other than the treating doctor, shall bill using the "Work related or medical disability examination by other than the treating physician..." CPT code. Reimbursement shall be \$350.00 for the MMI evaluation. Review of the MMI report revealed that ____ is the treating physician for the injured worker. ____, M.D. was the examining doctor. Per the Rule stated above the requestor is therefore entitled to reimbursement of the MMI evaluation in the amount of \$350.00. The carrier has reimbursed the requestor the amount of \$143.78. The requestor is entitled to additional reimbursement in the amount of \$206.22.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-NW in the amount of **\$206.22**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$206.22** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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